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ATTORNEYS AT LAW

Fax Cover Page

Date:

February 22, 1999

To:

Examiner V. Ryan - United States Patent and Trademark Office

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Number of pages (including this page): 25

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In re Patent Application:

Assignee:

Genentech, Inc.

Examiner: V. Ryan

Inventor:

Cleland et al.

Group Art No.: 1641

Serial No.:

08/846,933

Filing Date:

April 30, 1997

For:

METHODS AND COMPOSITIONS FOR MICROENCAPSULATION OF

ANTIGENS FOR USE AS VACCINES

Transmitted herewith:

Response Transmittal Letter (2 pages);

Revocation and Appointment of New Power of Attorney (2 pages);

Notice of Recordation Of Assignment (1 page);

Assignment (2 pages); and

Preliminary Amendment (17 pages).

Message: Please deliver to Examiner V. Ryan immediately!

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In The United States Patent and Trademark Office

In re Application of:		Group Art Unit:	1641				
Assignee:	Genentech, Inc.	Examiner:	V. Ryan				
Inventors:	Cleland et al.	Certificate of Facsi	mile Transmission Under 37 C.F.R. § 1.6				
Application No:	08/846,933	Pursuant to 37 C.F.R. § 1.6, I hereby certify that this paper and all enclosures are being transmitted via facsimile on the date indicated below to the Assistant Commissioner for Patents, Washington D.C. 20231.					
Filed:	April 30, 1997						
For:	METHODS AND COMPOSITIONS FOR MICROENCAPSULATION OF ANTIGENS FOR USE AS VACCINES	Date: February 22, 1999 Type or Print Name of Person Mailing: Lauric Oppenheimer Lawre Oppenheimer Signature of Person Transmitting					
RESPONSE TRANSMITTAL LETTER							
Assistant Commissioner for Patents Washington, D.C. 20231 Sir: Prior to examination of the above-referenced case, enclosed herewith for filing are the following.							
Preliminary Amendment (17 pages) Revocation of Power of Attorney and Appointment of New Attorney (2 pages) Notice of Recordation of Assignment (1 page) Assignment (2 pages) A Check in the amount of is enclosed, calculated as follows: \$55.00/\$110.00 for response within first month. \$190.00/\$380.00 for response within second month. \$435.00/\$870.00 for response within third month. \$680.00/\$1,850.00 for response within fourth month. Fee for additional claims (see below for calculation).							
	The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. Sections 1.16-1.17 or to credit any overpayment, to Deposit Account No. 13-0257. Should no proper payment be enclosed herewith, as by a check being in the wrong account, unsigned, post-date, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge						

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the unpaid amount to Deposit Account No. 13-0257. This sheet is filed in duplicate.

Fee Calculation Claims

					SACAL State	L ENTUFY Fee
Basic Fee	Current Claims		Province			
Total Claims	12		20	= 9	x 9	S
Indep. Claims	1	•	3	= 0	x 39	\$
Multiple Dependent Claim(s):				+ 130	\$	
					TOTAL:	s

O/I	HER
Rate	Bo
x 18	\$0
x 78	\$0
+ 260	\$
TOTAL:	\$0

Please address all correspondence regarding this communication to the following

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Date:February 22, 1999

Respectfully submitted,

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